

Currently Eligible but Uninsured (0-64) Estimate									
Assume 100% 6 Month Gaps Become Continuous, 75% of Longer Gaps Become Continuous, 40% of Non>Returns Become Continuous, 33% of Never Enrolled but Eligible									
(Dollars in Thousands)	FY 2013-14			FY 2014-15			FY 2015-16		
	TF	GF	FFP	TF	GF	FFP	TF	GF	FFP
Currently Eligible but Uninsured (0-64): Jan 2014									
1931(b) and Percent of Poverty Capitation	\$139,856	\$69,928	\$69,928	\$756,270	\$378,135	\$378,135	\$874,263	\$437,132	\$437,132
Eligible but Never Enrolled Capitation	\$165,773	\$82,886	\$82,886	\$296,745	\$148,372	\$148,372	\$333,514	\$166,757	\$166,757
HFP <150% of FPL Capitation	\$13,399	\$4,690	\$8,709	\$72,454	\$25,359	\$47,095	\$83,759	\$14,867	\$68,891
Subtotal	\$319,028	\$157,504	\$161,524	\$1,125,470	\$551,867	\$573,603	\$1,291,536	\$618,756	\$672,780
Dental Capitation	\$6,079	\$2,710	\$3,368	\$25,245	\$10,844	\$14,401	\$27,966	\$9,730	\$18,236
FFS Carve-Outs for Currently Eligible but Uninsured	\$57,105	\$28,221	\$28,884	\$201,085	\$98,750	\$102,334	\$209,294	\$103,625	\$105,669
100% of Medicare Primary Care Rates (Jan 13 - Dec 14)	\$17,766	\$0	\$17,766	\$33,072	\$0	\$33,072	\$0	\$0	\$0
Total Currently Eligible but Uninsured Costs	\$399,977	\$188,436	\$211,541	\$1,384,872	\$661,461	\$723,411	\$1,528,796	\$732,111	\$796,685
Foster Care Expansion to 26 years old	\$10,671	\$5,336	\$5,336	\$31,086	\$15,543	\$15,543	\$33,573	\$16,786	\$16,786
Gross Premium Tax - Benefit to GF	-\$4,104	-\$4,104	\$0	-\$14,210	-\$14,210	\$0	-\$16,191	-\$16,191	\$0
Additional Hospital Provider Fee	-\$936	-\$936	\$0	-\$3,241	-\$3,241	\$0	-\$3,577	-\$3,577	\$0
Net Impact to State	\$405,608	\$188,731	\$216,877	\$1,398,508	\$659,554	\$738,954	\$1,542,601	\$729,129	\$813,472

Assumptions:

1.) Effective January 1, 2014, the Affordable Care Act (ACA) will expand eligibility and enrollment simplification for several coverage groups (Children, Pregnant Women, and 1931b).

2.) The Department expects the overall population to result in a significant number of currently eligible but uninsured Medi-Cal beneficiaries.

3.) This estimate assumes an annual cost per eligible growth of 5.00%, and annual caseload growth of 3.00%.

4.) Methodology for calculating Currently Eligible but Not Enrolled eligibles was based on a special DHCS Research and Analytic Studies Branch (RASB) study on enrollment trends. Data sources: CY 2009 Medi-Cal eligibility data for aid codes 3N-Non CalWorks 1931(b), and several Percent of Poverty Aid Codes.	Currently eligible but	HFP eligible but not	Currently eligible but
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	Currently eligible but not enrolled	HFP eligible but not enrolled	Currently eligible but never enrolled	Total
FY 2013-14	526,000	82,000	201,000	809,000
FY 2014-15	541,000	84,000	207,000	832,000
FY 2015-16	558,000	87,000	213,000	858,000

FY 2014-15	541,000	84,000	207,000	832,000
FY 2015-16	558,000	87,000	213,000	858,000

PMPM	Currently eligible	FFS Carve-Outs	Dental Cap Rates	HFP eligible				
				Total	but not enrolled	HFP FFS Carve-Outs	HFP Dental Cap Rates	Total
FY 2013-14	\$114.04	\$20.48	\$1.45	\$135.97	\$70.03	\$11.55	\$11.46	\$93.04
FY 2014-15	\$119.74	\$21.51	\$1.52	\$142.77	\$73.54	\$12.12	\$12.03	\$97.69
FY 2015-16	\$125.73	\$22.58	\$1.60	\$149.91	\$77.21	\$12.73	\$12.63	\$102.58

FY 2014-15	\$119.74	\$21.51	\$1.52	\$142.77	\$73.54	\$12.12	\$12.03	\$97.69
FY 2015-16	\$125.73	\$22.58	\$1.60	\$149.91	\$77.21	\$12.73	\$12.63	\$102.58

Fee-For-Service (FFS) Carve-Outs are for services not currently covered in managed care plans. These are additional benefit costs outside of the estimated PMPM costs for currently eligible but not enrolled populations. Estimated PMPM costs were inflated using the annual cost per eligible growth rate from Assumption #3.

Estimated FY 2013-14 HFP capitated rates for Currently Eligible but Not Enrolled were estimated by DHCS Capitated Rates Development Division (CRDD). FY 2014-15 through FY 2015-16 PMPMs were inflated using the annual cost per eligible growth from Assumption #3.

The HFP FFS Carve-outs for FY 2013-14 were estimated by RASB. It is assumed this includes FQHC Wraparound Payments and PPS. FY 2014-15 through FY 2015-16 PMPMs were inflated using the annual cost per eligible growth rate from Assumption #3.

6.) Each of the eligible groups joining Medi-Cal due to ACA (Currently Eligible but Not Enrolled, HFP <150% Eligible but Not Enrolled, and Currently Eligible but Never Enrolled) are assumed to phase-in over periods of time. It is assumed the Currently Eligible but Never Enrolled will start enrolling in October 2013 and fully phase-in by March 2014. The HFP and Currently Eligible but Not Enrolled groups, are assumed to begin phasing in over a 9-month process, effective January 1, 2014. As result, annualized costs will not be experienced until FY 2015-16.

7.) The ACA provides California with enhanced FFP for the benefit costs related to newly eligible adults. However, California is awaiting CMS guidance on the methodology for claiming FFP for costs related to newly and oldly eligibles. This estimate assumes enhanced FFP will not be available for individuals who are Currently Eligible for Medi-Cal, but Not Enrolled. All HFP related costs are available for SCHIP 65/35 FFP until October 2015, when Enhanced 88/12 FFP is available.

8.) The ACA requires Medi-Cal to increase primary care service rates to 100% of the Medicare rate for services provided from January 1, 2013 through December 31, 2014. The Department will receive 100% FFP for the additional incremental increase in Medi-Cal rates. It is assumed the Department will not extend the increase in primary care service rates beyond December 31, 2014.